

New Hampshire Department of Health and Human Services

Recommended Action Based on Blood Lead Measurement

| Capillary Blood Lead Level | Recommended Action for Capillary Blood Lead Level |
|----------------------------|---|
| Pb < 10 µg/dL | <ul style="list-style-type: none"> No confirmation needed. Re-screen per screening guidelines. |
| Pb 10-19 µg/dL | <ul style="list-style-type: none"> Obtain confirmatory venous blood lead level within 1 month. |
| Pb 20-44 µg/dL | <ul style="list-style-type: none"> Obtain confirmatory venous blood lead level within 1 week. |
| Pb 45-69 µg/dL | <ul style="list-style-type: none"> Obtain confirmatory venous blood lead level within 48 hours. |
| Pb ≥ 70 µg/dL | <ul style="list-style-type: none"> If symptomatic, admit to pediatric intensive care unit (PICU) for treatment. Obtain confirmatory venous blood lead level immediately. |

| Venous Blood Lead Level | Recommended Action for Venous Blood Lead Level |
|-------------------------|---|
| Pb < 10 µg/dL | <ul style="list-style-type: none"> No action required. Re-screen per screening guidelines. |
| Pb 10-19 µg/dL | <ul style="list-style-type: none"> Assess potential sources of lead exposure. Provide family lead education: possible sources; role of nutrition, hygiene, and housekeeping in prevention. Test siblings < 72 months of age. Test for iron deficiency. Prescribe iron if needed. Obtain follow-up venous blood lead level within 3 months. Inform parent of follow up by the NH Childhood Lead Program. If persistent 15-19 µg/dL (two separate, consecutive tests at least 90 days apart), consider referral for developmental evaluation (see reverse). |
| Pb 20-39 µg/dL | <ul style="list-style-type: none"> Evaluate medical status: PE, assessment of iron status; consider abdominal films; consider referral for developmental evaluation (see reverse). Provide family lead education: possible sources; role of nutrition, hygiene, and housekeeping in prevention. Test siblings < 72 months of age. Test for iron deficiency. Prescribe iron if needed. Obtain follow-up venous blood lead level every 1-2 months until Pb < 20 µg/dL. Inform parent of follow up by the NH Childhood Lead Program. Consider chelation, on a case by case basis, for Pb 30-39 µg/dL. If child is chelated, follow guidelines below. Discontinue iron during chelation therapy. |
| Pb 40-69 µg/dL | <ul style="list-style-type: none"> Evaluate medical status (as described above). If symptomatic, admit to PICU for treatment. Test siblings < 72 months of age. Inform parent of follow up by the NH Childhood Lead Program. Provide family lead education: possible sources; role of nutrition, hygiene, and housekeeping in prevention. Prescribe iron if needed. Discontinue during chelation therapy. Initiate chelation therapy in a lead safe environment after obtaining second venous blood lead level. If child is symptomatic, begin chelation therapy pending second result. <ul style="list-style-type: none"> ◇ Contact CLPPP Medical Consultant and/or follow AAP Treatment Guidelines. ◇ Choose appropriate chelating agent. ◇ Ensure that child is in a lead safe environment. ◇ Re-test 1-2 weeks after chelation. Re-test and re-treat as needed per AAP treatment guidelines. |
| Pb ≥ 70 µg/dL | <ul style="list-style-type: none"> Medical emergency! Admit for parenteral chelation. If symptomatic, admit to PICU. Other actions should be the same as above for Pb 40-69 µg/dL. |

Childhood Lead Poisoning Prevention Program

29 Hazen Drive, Concord, NH 03301-6504 ☎ 603-271-4507 ☎ www.dhhs.nh.gov/dhhs/clppp

800-897-LEAD

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Developmental Assessment & Intervention for Children with Elevated Blood Lead Levels (EBLL)

For children with an elevated blood lead level (EBLL) ≥ 20 $\mu\text{g}/\text{dL}$ or a child with an EBLL ≥ 15 $\mu\text{g}/\text{dL}$ who has other significant developmental risk factor(s):

- Long term developmental surveillance should be a component of the child's management plan.
- Developmental surveillance should continue through the child's early and middle school years even if blood lead level is reduced.
- A history of EBLL should be included in the problem list maintained in the child's medical record.
- Consider early intervention and stimulation programs. Call New Hampshire Division of Developmental Services for a list of local Family-Centered Early Supports & Services at (603) 271-5143.

Developmental Surveillance should include:

- Vigilance for emerging difficulties at critical transition points in childhood – *first, fourth, & sixth/seventh grades*.
- Vigilance for behaviors such as inattention and distractibility.
- Referral of the child experiencing neurodevelopmental problems for a thorough diagnostic evaluation.

Parental Education

for families living in homes built before 1978.

- **Cleaning** - Wet mop/ wet dust windowsills, window wells, baseboards, floors and other surfaces weekly with warm water and a general all-purpose cleaner.
- **Hygiene** - Wash your child's hands and face before eating, napping and bedtime, and after playing outdoors. Rinse pacifiers and teething toys every day. Wash toys with soap and running water once a week.
- **Nutrition** - Serve three meals and healthy snacks between meals. The best foods will be high in iron and calcium. Your child's stomach will take in more lead when it's empty.
- **Renovation and repainting** - Stop or do not start any renovation or repainting projects in pre-1978 homes without getting the proper training or hiring a licensed lead contractor or a lead-safe renovator.
- **Jobs, hobbies and soil** can be a source of exposure.

Call the Lead Program at 800-897-LEAD for more information, to attend a workshop on safe renovations or to request additional educational materials.

Required Information When Ordering Lead Tests

Please be sure to include the following information on each child when ordering a lead test:

- Name and Date of Birth
- Race and Ethnicity
- Gender
- Street Address, including town or city of residence
- Name of Parent/Guardian
- Whether venous or capillary specimen
- Date of sample collection
- Name and Address of health care provider ordering the test

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